Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS3870HIC	A. BUILDING _____ B. WING _____	04/22/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NENITA GLOVER'S HOME	1009 MOSSKAG COURT N LAS VEGAS, NV 89032

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 000	Initial Comments This Statement of Deficiencies was generated as a result of a State Licensure survey and follow-up survey conducted at your facility on April 22, 2009. This State Licensure survey was conducted by authority of NAC 449, Homes for Individual Residential Care, adopted by the State Board of Health on November 29, 1999. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The census at the time of the survey was two (2) residents and zero (0) boarders. Two resident files and one (1) employee file were reviewed. The following deficiencies were identified:	H 000		
H 016	Director Duties-Provide Balanced Diet NAC 449.15523 Director: Duties. (NRS 449.249) The director of a home shall: 3. Ensure that the residents of the home: (b) Receive: (2) A balanced daily diet that meets their nutritional needs; This Regulation is not met as evidenced by: Based on interview, the facility failed to ensure that a balanced daily diet were provided that met the nutritional needs for 1 of 2 residents.	H 016		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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H 016	Continued From page 1 Findings include: Interview with Employee #1 indicated that Resident #2 was a diabetic and required to have a diabetic diet. The facility lacked documented evidence of a diabetic menu. There was no documented evidence that Resident #1 was provided a diabetic meal plan.	H 016		
H 033	Safety&Sanitation-First Aid Kit NAC 449.15525 Requirements for safety and sanitation of facility. (NRS 449.249) 2. A home must contain: (c) A first-aid kit; This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to maintain a complete first-aid kit. Findings include: The facility had a first aid kit containing a germicide and small packs of square gauze. Interview with Employee #1 indicated that she had multiple components of the first aid kit located in different areas in the facility. Employee #1 further indicated that she did not have a thermometer, band aids, rolled gauze or CPR mask/ shield. At the end of the survey, Employee #1 sent a runner to purchase a new and complete first-aid kit.	H 033		

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